

# Late Independent Expenditure Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

<b>NAME OF FILER</b> Hotel Employees Restaurant Employees Intl. Union TIP Educational Fund sponsored by UNITE HERE International Union			<b>Date of This Filing</b> <u>10/30/2005</u>  <b>Report No.</b> <u>LIE312-51028</u>  <input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)  <b>No. of Pages</b> <u>4</u>	<b>Date Stamp</b>          <b>Page 1 of 4</b>	<b>CALIFORNIA FORM 496</b>  For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>		<b>I.D. NUMBER (if applicable)</b> 745671			
<b>STREET ADDRESS</b>					
<b>CITY</b> Washington	<b>STATE</b> DC	<b>ZIP CODE</b> 20036			

## 1. List Only One Candidate or Ballot Measure

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b>			<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b> State Spending & School Funding Limits			
<b>OFFICE SOUGHT OR HELD/DISTRICT NO.</b>	<b>SUPPORT</b>	<b>OPPOSE</b>	<b>BALLOT NO./LETTER</b> 76	<b>JURISDICTION</b> STW	<b>SUPPORT</b>	<b>OPPOSE</b> X

## 2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/25/2005	Maps	\$3.75
10/28/2005	Estimated Salary Thru 11/4/05	\$3,562.50
10/24/2005	Food for volunteers	\$4.38
10/26/2005	Employee benefits	\$20.63
10/26/2005	Employee benefits	\$15.63

Reason for Amendment:

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DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/26/2005	Employee benefits	\$21.88
10/26/2005	Employee benefits	\$20.63
10/25/2005	Food and supplies	\$98.48
10/27/2005	Food & supplies	\$98.48
10/24/2005	Supplies	\$23.19

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DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/27/2005	Salary through Nov 8th	\$403.85
10/24/2005	Food for volunteers	\$30.36
10/27/2005	Rent for office space	\$153.40

Reason for Amendment:

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LATE INDEPENDENT EXPENDITURE REPORT

**CALIFORNIA**  
**FORM** **496**

NAME OF FILER

I.D. NUMBER (If applicable)

## 3. Contributions of \$100 or More Received\*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE**	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

\*\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

FPPC Form 496 (June/01)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC  
 866/275-3772